

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**510 EAST 12TH, SUITE 1A****DES MOINES, IA 50319****Fax: (515)281-3701****www.iowa.gov/ethics**

Reset Form

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only

Indexed _____

Audited _____

Checked _____

Computer _____

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:**Governor's Office**

Name of Department or Office

1007 E. Grand

Des Moines, Iowa 50319

Mailing Address

515/281-5211

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Joni Klaassen

Name

Mailing Address (if different from above)

joni.klaassen@iowa.gov

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Capitolview Credit Union - Brent Kowalsky

Name

1000 E. Grand

Des Moines, IA 50319

Mailing Address

City, State, Zip Code

515-281-3595

Area Code & Telephone Number

Email Address (optional)

12/1/2009

\$ 500.00

Date of Gift, Bequest, or Grant

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

Cash donation used to cover the costs of the 2009 State Employee Holiday luncheon.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, James C. Larew affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

1/28/10

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Joni Klaassen

Name

Mailing Address (if different from above)

joni.klaassen@iowa.gov

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

AFSCME Council 61 - Danny Homan

Name

4320 NW Second Avenue

Des Moines, IA 50313

Mailing Address

City, State, Zip Code

515-246-1517

Area Code & Telephone Number

Email Address (optional)

12/11/2009

\$ 1,000.00

Date of Gift, Bequest, or Grant

Amount/Value*

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